

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****May 02, 2001 08:00 AM****Secretary of State****DOCUMENT # N99000007155**1. Entity Name  
LOVING ARMS, INC.

Principal Place of Business	Mailing Address
11720 US HWY 19 NORTH	11720 US HWY 19 NORTH
PORT RICHEY FL 34668	PORT RICHEY FL 34668

2. Principal Place of Business	3. Mailing Address
12306 STATE ROAD 52	12306 STATE ROAD 52

Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
HUDSON FL	HUDSON FL

Zip	Country	Zip	Country
34669		34669	

4. FEI Number	Applied For
59-3648693	Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEAVER DEIDRE K 11720 US HWY 19 NORTH  PORT RICHEY FL 34668	Name HART ELEANORE H Street Address (P.O. Box Number is Not Acceptable) 12306 STATE ROAD 52  City HUDSON FL Zip Code 34669

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE <b>ELEANORE H. HART</b>	05/02/2001
Signature, typed or printed name of registered agent and title if applicable.	DATE

(NOTE: Registered Agent signature required when reinstalling)

<b>FILE NOW:</b> <b>FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to</b> <b>Department of State</b>
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10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10																								
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: J DAVID HART	VPD	05/02/2001
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)

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**JOHN M. HART, D**  
**12306 STATE ROAD 52**

**HUDSON, FL 34669**

**WILFORD SHELDON, D**  
**12306 STATE ROAD 52**

**HUDSON, FL 34669**

**LEAMON P. SMITH, D**  
**12306 STATE ROAD 52**

**HUDSON, FL 34669**

**ANDREW ROSSI, D**  
**12306 STATE ROAD 52**

**HUDSON, FL 34669**